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Iodine acts as an antidote to carbolic acid poisoning both externally and internally. It neutralizes the corrosive action of the acid on the mouth and the œsophagus, overcomes the poisonous symptoms and prevents lesions of the stomach and intestines by the formation, probably, of phenol iodide.

An early symptom of iodine poisoning is a strong metallic taste in the mouth with markedly increased salivation. Later there is severe pain in the œsophagus, stomach and abdomen, accompanied by severe vomiting and purging. The treatment consists in the use of large quantities of starch in any of its forms, as an antidote, emetics and the stomach pump, the application of heat to the body and extremities, hypodermics of alcohol, digitalis, ammonia, *atropine* or *strychnine* to maintain the strength of the circulatory and respiratory systems.

A TYPHOID COMPLICATION

By LINNA H. DENNY

Graduate of the Illinois Training School

WHEN I went to Helena, Montana, I really did not intend to nurse, but rather to loaf and “invite my soul.” Still, when my aunt’s physician asked me if I would take a case, I did not positively say “No,” not dreaming that he would put me to the test that very night.

That afternoon I drove with my cousin across twelve miles of open country, followed by two coyotes, to his ranch house. It was all new and strange to me, and I was delighted with the snug stone house, the good supper, the talking over of family traditions. By eleven o’clock the whole family was tucked into warm beds and enjoying the first delicious sleep of night, when some one aroused me by saying that Dr. ——— wanted me in Helena for a case. It seemed only the remnant of a twisted dream, cases and Helena a part of some other world, but no, through the door I could see my other cousin standing by the fire in his great bear coat and cap, while outside the horses were stamping and shaking in their harness.

If only I could have telephoned the doctor to ask how urgent the call! If only I could wait until morning! Never did a bed feel so soft and warm. Still, as I looked at my cousin, heard the horses and thought of the patient, I knew that I was going out into the snowy night in about twenty minutes.

They wrapped me in seal skins, put a hot stone to my feet, and off

we went through the glittering night. The buggy was built high for rapid travelling. The horses seemed supplied with invisible wings that made motion and speed pure joy. There was a small, distant moon, and the stars and frosty air gave a weird and scintillating light, peculiar to the north west.

Too soon we arrived at the home of the patient to find a quiet, orderly sick-room, a typhoid resting easily, a soft-eyed nurse in charge. "Why?" we demanded. "Why?"

The wife calmly remarked that as soon as she found that a trained nurse was in town, she could not rest until that nurse had been sent for. The young woman in charge was not a graduate. "Emergency?" "Oh, no, just precaution. Would I like to lie down for the remainder of the night?"

In a day or two the work settled down into the routine care of a sick typhoid, Miss B. taking the day, and I the night. The patient grew steadily worse, with no unusual symptoms except a profound toxemia. One day he had a chill, with a following temperature of 106.5°, and in five days another. The doctor could discover no especial cause for them. We began to count the days when we could hope for the temperature to decline.

One night I was sitting there, musing over the fanciful names that the patient had called the bed-pan in his delirium,—the spade, the slide, the ash tray. The snowy world outside, the sleeping household, the unconscious patient, all gave a feeling of remoteness, of loneliness. The patient moaned, and muttered, "the rose pan," which was a new name to be added to the list.

As I turned him on his side a few minutes later, I thought I saw a fleck of mucus near the anus, and tried to remove it with a soft paper. Instead of being brushed off, it extended about a yard as I stretched back my arm. I grew weak in my knees, and nauseated, but I took a fresh hold and pulled out another three feet. By this time I realized that I was dealing with a tape-worm, and as the novelists say, I was "far from human aid." My arm worked gently but automatically, my courage returned, and before I left the bedside, seventy feet of the pearly white creature lay reposing in a basin, awaiting the doctor's morning visit.

The astonished doctor thought he possibly had discovered the cause of the chills, the worm probably had set up an intestinal irritation, but the next day the patient's temperature went to 107° after a severe rigor. Then the doctor decided that possibly some of the worm had not passed, and with some misgivings the patient was given an anthelmintic treat-

ment for tape worm, followed by a copious dose of castor oil. No more worm passed, although the patient seemed better. At no time, however, was he free from delirium, and in a few days he had two more hard rigors with following temperature of 106°. The doctor still thought that possibly some remaining worm was causing the chills, and peleterine with oil was again prescribed. No more worm passed, but each time the patient seemed a little improved by the oil. Still, the parotid glands began to swell, and hope almost vanished. Outside, the weather grew colder and colder, until 50° below zero was registered, and our hearts seemed to sink with the falling temperature. One morning, in the fifth week, when we felt that recovery was really impossible, the patient opened his eyes and gave us a conscious look. With renewed courage we filled ice bags for the poor throat, and coaxed down a little more nourishment. Slowly the patient began to pull back to life. The temperature fell, the swelling subsided, consciousness returned. Convalescence was established, and the very world looked different. Freezing temperatures were forgotten in an hour's delightful sleighing every day. At the end of ten weeks, when I left the patient, he was able to walk to the door. As he and his wife bade me good-bye with tears in their eyes, the joy that comes with the recovery of a sick typhoid was mine.

LISTS OF TRAINING SCHOOLS

IN regard to the Bulletin issued by the United States Bureau of Education, referred to in our Editorial Comment, which contains Miss Nutting's treatise on "The Educational Status of Nursing," we are asked to explain that the tables giving the comparative statistics of nurse training schools, beginning on page 61 of the Bulletin, are those ordinarily put out by the Bureau of Education, for which Miss Nutting is in no way responsible. They are a compilation of names of existing schools without any attempt at classification as to their merits.